



PTO/SB/17 (07-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 910.00**Complete if Known**

Application Number	10/813,594-Conf. #4387
Filing Date	March 30, 2004
First Named Inventor	Seiji Ichiyoshi
Examiner Name	J. C. Kerveros
Art Unit	2138
Attorney Docket No.	02008/106002

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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2	- 20 =	x	=
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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1	- 4 =	x	=
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HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
1251 Extension for response within first month	120.00
1801 Request for continued examination (RCE) (see 37 ...)	790.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	45,079	Telephone	(713) 228-8600
Name (Print/Type)	Thomas K. Scherer		Date	February 12, 2007



Application No. (if known): 10/813,594

Attorney Docket No.: 02008/106002

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Fee Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Request for Continued Examination Transmittal (1 page)

IDS (Citation) by Applicant (3 References) (1 page)

Supplemental Information Disclosure Statement (2 pages)

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